

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 13265
Application ID: 09683321
Title of Invention: METHOD AND SYSTEM FOR
SEGMENTATION OF MEDICAL
IMAGES
First Named Inventor: Harvey Cline
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-12-13
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Attorney Docket Number: RD-29447
Digital Certificate Holder: cn=Jean K. Testa, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
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Deposit Account Number: 70868
Deposit Account Name: Jean K. Testa



TRANSMITTAL FORM



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Attorney Docket
Number:

RD-
29447

Submission Type: Utility Patent
Filing

METHOD AND SYSTEM FOR SEGMENTATION OF MEDICAL IMAGES

First Named Inventor: Harvey Ellis Cline

SUBMITTED BY

Name:	Jean K Testa
Registration Number:	39396
Electronic Signature Mark: JKT	Date Signed: 20011213

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	Dec1.tif
declaration	Dec2.tif
bibd-transmittal	TestaRD29447apds.xml
fee-transmittal	TestaRD29447fee.xml

specification

29447.xml

Attached Image File(s):

Dec1.tif

Dec2.tif

09683321

Comments:

11/11/2020 10:00 AM

DECLARATION FOR PATENT APPLICATION

Docket Number
RD-29447

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR SEGMENTATION OF MEDICAL IMAGES

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a date before that of the application on which priority is claimed.

Prior Foreign Application

Priority Claimed

☐ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date the prior application and the national or PCT international filing date of this application.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, CUSTOMER NO. 006147.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

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FOURTH JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____ Date: _____

Residence: _____

City and State

Citizenship: _____

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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 824

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 07-0868



Deposit Account Name: General Electric Company CRD

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Jean K. Testa

Electronic Signature Mark: JKT

Date Signed: 20011213

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 16	103	\$ 18	0	\$ 0
Independent Claims: 4	102	\$ 84	1	\$ 84

Subtotal For Extra Claims Fees: \$ 84

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